

03/16/2020

RECEIPT OF PAYMENT .....

TO: Mounika Yaramadha

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

**CERTIFICATE NUMBER: 691802047803** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 266.80 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX4858 Exp Date :11-2023

THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS FOR YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.